



Kansas State Veterinary
DIAGNOSTIC LABORATORY

CAPRINE SUBMISSION FORM

Kansas State Veterinary Diagnostic Laboratory
1800 Denison Avenue, Mosier D117, Manhattan, KS 66506
Phone: (866) 512-5650 Fax: (785) 532-4835
www.ksvdl.org

Laboratory Use Only

Case Coordinator



Accession Number

Panel

**Please download/save
and use Adobe Acrobat
to complete form.
Many web browsers
cannot fill form fields**

BILL TO: Clinic Owner Third Party Third Party to Receive Results? Yes No

Third Party Contact Info: _____

CLINIC ACCOUNT # _____
Veterinarian _____
Clinic/Company _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____
E-mail _____

OWNER/PRODUCER
Owner Name _____
Business/Premise _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Cell _____
Fax or E-mail _____

Send Results Via: (Check all that apply) E-Mail Fax Also Send Results to Owner: _____

Please record HISTORY and additional ANIMAL ID information on next page

Animal ID	Breed	Species	Age/DOB	Sex	Sample Date
-----------	-------	---------	---------	-----	-------------

SPECIMEN(S) SUBMITTED

- Feces Milk Urine Whole Blood Fixed Tissue(s) _____ Swab(s) _____
 Fluid _____ Serum Whole Body Fresh Tissue(s) _____ Other _____

HISTOPATHOLOGY

- Biopsy Extended Report/Dermatopathology (includes: diagnosis, histologic description, comments)
 Biopsy Routine Report (includes: diagnosis, comments)
 Immunohistochemistry:
 Scrapie
• Collection date: _____
• County of Collection: _____
 Other (specify): _____

BACTERIOLOGY/MYCOLOGY

- Organism(s) suspected: _____
Antibiotics used: _____ None
Date of last dose: _____
 Aerobic Culture, Includes Salmonella enrichment, if applicable
 Aerobic Susceptibility
 Abortion Panel
**Includes Brucella, Campylobacter & general aerobic cultures*
 Anaerobic Culture
 Campylobacter Culture
 Individual Milk Culture

SEROLOGY

- Bluetongue Virus ELISA
 Aspergillosis (AGID)
 Brucella BAPA (default)
 Brucella melitensis (card agg.test)
 Caprine Arthritis Encephalitis (CAE) ELISA
 Coccidioiodomycosis (AGID)
 Epizootic Hemorrhagic Disease (AGID)
 Histoplasmosis (AGID)
 John's Disease (ELISA)
 Leptospiriosis 6 serovar (MAT)
 Serum Pregnancy Test (ELISA)

MOLECULAR DIAGNOSTICS (PCR)

- Small Ruminant Abortion Tissue PCR Panel
 Chlamydia
 Clostridium perfringens culture + PCR
 Leptospira (pathogenic)
 Mycobacterium avium subsp. Paratuberculosis
 John's Direct (Fecal)
 Test Individually Pool _____ Samples/pool (max 5)
 Mycoplasma species
 Salmonella (PCR & DNA Extraction 1-5)
 West Nile Virus

TOXICOLOGY

- Trace mineral panel (Ca, Co, Cr, Cu, Fe, K, Mg, Mn, Mo, Na, P, Se, Zn)
 Heavy metal screen (As, Cd, Pb, Tl, Hg)
 Nitrate
 Other _____

PARASITOLOGY

- Fecal Float
 Qualitative Quantitative Both
 Fecal Direct Smear
 Fluke Egg Recovery (Sedimentation)
 Parasite Identification

This submission form is a legal binding contract between KSVDL and the submitting entity. All specimens, animals, and/or biological materials submitted to the KSVDL as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of KSVDL. Specimens also may be used for teaching purposes. All fees incurred are the responsibility of the submitting entity. A 1.5% finance charge will be assessed on all charges over 30 days.

Veterinarian _____

Owner Name _____

Caprine Form



Kansas State Veterinary
DIAGNOSTIC LABORATORY

Accession Number

NECROPSY & DISPOSAL

Date of Death _____

Animal was Euthanized Yes No

- Gross Only Necropsy
- Do not check if additional testing will be added.
- Necropsy and Additional Testing
(indicated elsewhere)
- Necropsy and Tests at Pathologists Discretion
- Disposal (**default if none selected**)
- Cremation

OTHER TESTS NOT LISTED _____

CLINICAL HISTORY & COMMENTS

Pathologist's Discretion - The diagnostician will select the best testing based upon the history and clinical signs you describe in this section.

ANIMAL IDENTIFICATION INFORMATION*

* Spreadsheets including animal ID information may be attached to this form or e-mailed to: receiving@vet.k-state.edu

TUBE#	ANIMAL ID	BREED	SEX	AGE/DOB	WEIGHT	SAMPLE DATE

OPENED BY

Courier Record: Courier FedEx Hand Delivered Mail UPS

Coolant Record: Coolant Pack Dry Ice Frozen Warmer None

Sample Condition: Good Broken Leaked Other _____